

MONTANA CDBG ED PROGRAM
REQUEST FOR PAYMENT & STATUS OF FUNDS REPORT

SECTION I -- REQUEST FOR PAYMENT (RECIPIENT INFORMATION)					
DOC CONTRACT NUMBER		DRAWDOWN NUMBER		TOTAL AMOUNT REQUESTED \$0.00	
NAME AND ADDRESS OF GRANTEE			MAKE DEPOSIT PAYABLE TO: CITY OF SUNRISE		
			ACCOUNT NUMBER: XX-XXXX-XXXX		
SECTION II -- STATUS OF FUNDS (FINANCIAL INFORMATION)					
A Line #	B Budget Line Item	C Amount Budgeted	D Expended Prior To This Draw	E Balance Remaining	F Amount Requested
ADMINISTRATION BUDGET		<small>* INDICATES AMENDMENTS</small>			
1.	Personnel Costs (City or County)	\$ -	\$ -	\$ -	\$ -
2.	Professional Services (LDO)	-	-	-	-
3.	Legal Costs	-	-	-	-
4.	Audit Fees	-	-	-	-
5.	Travel & Training	-	-	-	-
6.	Supplies	-	-	-	-
7.	Telephone	-	-	-	-
8.	Printing/Dup/Postage	-	-	-	-
9.		-	-	-	-
10.		-	-	-	-
11.	TOTAL ADMINISTRATION BUDGET	\$ -	\$ -	\$ -	\$ -
12.	Percent	% of Total Grant #DIV/0!	% of Column C #DIV/0!		
BUSINESS LOANS					
13.	Land Acquisition	-	-	-	-
14.	Machinery/Equipment	-	-	-	-
15.	Working Capital	-	-	-	-
16.	Construction/Renovation	-	-	-	-
17.		-	-	-	-
18.		-	-	-	-
19.		-	-	-	-
20.	TOTAL ACTIVITY BUDGET	\$ -	\$ -	\$ -	\$ -
21.	Percent	% of Total Grant #DIV/0!	% of Column C #DIV/0!		
22.	TOTAL GRANT BUDGET	\$ -	\$ -	\$ -	\$ -
23.	CDBG Cash on Hand		\$ -		
24.	Amount of Requests Submitted and NOT Received		\$ -		
25.	Total Previously Drawn from State		\$ -	TOTAL AMOUNT REQUESTED	\$ -
REMARKS					
SECTION III -- LOCAL CERTIFICATION					
DATE		SIGNATURE		TITLE	
DATE		SIGNATURE		TITLE	
SECTION IV -- DOC CERTIFICATION					
Expenditures are reasonable & appropriate _____ Financial numbers & signatures are correct _____ Consistent with preceding draw & SBAS _____ Administration does not exceed allowable amount (8%) _____ Cash on hand does not exceed \$5,000 _____			Approved by:		
			Title:		
			Date:		